

Print Form

Grant Recipient User Account Request Form

Please use this form to request the following GrantSolutions Grant Recipient user account actions:

- Create a new account at an existing Grant Recipient organization
- Update information pertaining to an existing Grant Recipient account
- Close an existing Grant Recipient account

Create New User Account

The new user's Supervisor or Authorized Official must approve all account requests.

- 1. The user must complete the form
- 2. The user who is receiving access must:
 - a. Sign and date Part 1 of the form (Rules of Behavior)
- 3. The Supervisor or Authorized Official must verify and sign Part 2 of the User Account Request Form

Update Existing User Account

Should any information regarding an existing Grant Recipient user account change, please select "Request Type: Account Change" and complete the form in its entirety. Changes to existing accounts may include:

- Change of user's role
- Update of user's contact information

Close Existing User Account

Should a user's account need to be closed, the user's Supervisor or Authorized Official should select "Request Type: Account Closure" and complete Part 2 of the form in its entirety or send an email requesting closure to help@grantsolutions.gov.

Submission of the User Account Request Form

The Supervisor or Authorized Official must submit all forms to the GrantSolutions Support Center. Completed forms should be submitted to the **GrantSolutions Support Center** by email or fax:

- Email: help@grantsolutions.gov
- Fax: (301) 998-7272

The Support Center will verify all account requests. Request forms sent via email must be scanned to include original signatures.

Account information will be sent to the new (or changed) user's email address. Upon initial login, the user will be required to change the temporary password assigned by the Support Center.

If you have any questions, please contact the GrantSolutions Support Center at help@grantsolutions.gov or toll-free at (866) 577-0771.

Role Authority Definitions

Please note the following definitions of each Role Authority listed in Part 2 of the Grant Recipient User Account Request Form:



Authorizing Official/Authorizing Representative: The Grantee Authorizing Official (ADO) is responsible for the oversight of activities performed by the Grantee Security Monitor. Listed as the Authorizing Official on the Notice of Award.

Financial Officer: The Grantee Financial Official (FO) is responsible for the oversight of activities performed by the Grantee Financial Support Staff.

Financial Officer Support: The Grantee Financial Support Staff (FSS) role is to assist the Grantee Financial Official in the grantee organization.

Program Director/Principal Investigator: The Principal Investigator/Program Director (PI/PD) is responsible for the oversight of activities performed by Support Staff.

Support Staff: The Grantee Support Staff's role is to assist the Principal Investigator or Program Director in the grantee organization.



Grant Recipient User Account Request Form: Part 1

Rules of Behavior

As a User granted Grant Recipient access in GrantSolutions, I agree to abide by the following:

- I will not disclose data from the GrantSolutions system to any unauthorized users.
- I will not make any unencrypted electronic copies of data from the GrantSolutions system.
- I will take all reasonable steps to ensure I do not violate the privacy and confidentiality of all data from the GrantSolutions systems as per the Privacy Act of 1974.
- I will ensure the proper disposal of data (in any format) and printed reports.
- I will access the GrantSolutions system only to the extent that my duties require such access.
- I will report inappropriate or malicious use of the GrantSolutions system to the GrantSolutions Help Desk (at help@grantsolutions.gov or toll-free at (866) 577-0771) and to the GrantSolutions Information System Security Officer at jacob.kuruvilla@grantsolutions.gov.
- I will immediately notify the GrantSolutions Help Desk of any account changes, including the need to close my account.

User Name (Printed)	
User Signature	Date



Grant Recipient User Account Request Form: Part 2

Reques	t Type:	New Account	Account Cha	ange	Account Closure
Partner	Agency:				
Departme	ent of Health	& Human Services		Departn	nent of the Treasury
. 0	Administration	on for Children and Familie	es	. 0	Internal Revenue Service
0	Administration	on for Community Living		0	Office of Grant Community Relations
0	Centers for I	Disease Control and Preven	ention		
0	Centers for I	Medicare & Medicaid Serv	ices	Other A	gencies
0	Health Reso	urces & Services Adminis	tration	0	Bureau of the Fiscal Service
0	Indian Healt	h Service		0	Consumer Product Safety Commission
0	Office of Hea	ad Start		0	Denali Commission
0	Office of the	Assistant Secretary for He	ealth	0	Department of Agriculture
0	Office of the	Assistant Secretary for Pr	eparedness and	0	Department of Housing and Urban Development
	Response			0	Department of the Interior
0	Office of the	National Coordinator for I	lealth Information	0	Environmental Protection Agency
	Technology			0	Gulf Coast Ecosystem Restoration Council
	-			0	Public Health Service
Departme	ent of Homel	and Security		0	Small Business Administration
0	Citizenship a	and Immigration Services		0	Social Security Administration
		_		0	Treasury – RESTORE Act
Departme	ent of Trans	oortation		0	Other:
. 0	Federal Mot	or Carrier Safety Administ	ration		
0	Federal Rail	road Administration			
0	Office of the	Secretary (AMJP)			

Grant Recipient (Organization):				
Address 1 (Organization):				
Address 2 (Organization):				
City:	State:		ZIP:	
Grant Number(s):				
DUNS:				
User First Name:	User L	ast Name	:	
Title:	•		•	
Phone:				
Email:				



Role A	uthority:		
0	Authorizing Official/Authorizing Representative	0	Program Director/Principal Investigator
0	Financial Officer	0	Support Staff
0	Financial Officer Support		
ıpervi	sor or Authorized Official Name:		
ipervi	sor or Authorized Official Name:		
le:			

Note: The Supervisor or Authorized Official should sign requests.